Case 1:99-cvPOWELILOGIRE SPRINKLER/SERVICES e 1 of 20

P.O. BOX 505042 SAIPAN MP 96950 234-0367 788-9960 rwarrenpowell@yahoo.com

SPRINKLER SYSTEM MAINTENANCE LOG KAGMAN JUVENILE DETENTION CENTER

Date:07-12-05

FIRE PUMP: (ON) OFF

START PRESSURE: 50 psi. TIMES STARTED: 1

STOP: manual

JOCKEY PUMP: (ON) OFF

START PRESSURE: 80 psi. TIMES STARTED: 4

STOP: 100 psi.

INSP. TEST VALVE FLOW SWITCH TIMES:

MAINT. ADMIN. ED. BLDGS. TIME: 35 seconds

HOUSING 1st FLOOR TIME: 72 seconds

HOUSING 2nd FLOOR TIME: 45 seconds

WATER MOTOR ALARM TIME: N/A

PRESSURE SWITCH TIME: 10 seconds

ELEC. BELL FUNCTIONING: YES (NO)

PRESSURE RELIEF VALVE SETTING: 150 psi. TIMES TRIPPED: 0

OS&Y VALVES LUBRICATED: YES (NO)

FIRE PUMP PACKING ADJUSTED: YES (NO)

FIRE PUMP RUN THROUGH TEST LINE: YES (NO)

TAMPER SWITCHES FUNCTIONING: N/A

DATE: 7-12-05 TECHNICIAN: r. powell

NOTES:

1.water motor alarm not functioning, electric bell not functioning, generator starts when fire pump is shut off, alarm time on housing 1st floor flow switch over 60 seconds. ground faults in alarm system.

INSTALLATION OF SPRINKLER SYSTEMS

Figure 10-1(a) Contractor's material and test certificate for aboveground piping.

Contracto	r's Material a	and T	est Cert	ificate for /	Above	grour	nd Pipi	ing				
	of work, inspection and e corrected and system							ı owner's re	presenta	itive.		
contractor. It is une	be filled out and signed derstood the owner's r ailure to comply with a	represent	tative's signatur	re in no way prejudio	ces any cla	aim agains				000r		
Property name	KAG M.	AU	DET	ENTIOL	FA	EILIT	Date	8-2	4-0	2		
Property address	KA	GN	UAI	SAIP			Jaco					
	Accepted by approvi	ing author	rities (names)	SAIPA	A.k.i							
	Address		11 38 8		_\·V							
Plans	Installation conforms	s to accer	pted plans				7	Yes	N	•		
	Equipment used is a If no, explain deviate		•				Yes No					
	Has person in charg to location of control of this new equipme If no, explain?	i vaives a					CS.	J Yes	N	0		
Instructions	Have copies of the following been left on the premises? 1. System components instructions 2. Care and maintenance instructions 3. NFPA 25 Yes No No No											
Location of system	Supplies buildings											
	Make		Modei	Year of manufacture	1	Orifice size	Quantil	l l	emperating	ure		
Co-inklom	1472 1472		INST.	k		1/2			165 163	-		
Sprinklers	31/11					150						
Pipe and fittings	Type of pipe Type of fittings											
Alarm			Alarm device					time to ope				
valve or flow	Туре	-	Make	Mode	el		Minutes	05.00	Second	is		
indicator	PRESSU	RE							6 0			
	- <u> </u>	-0 (ry valve				Q. 0). D.				
	Make		Model	Serial no.		Make	Mo	del	Serial n	10.		
Dry pipe operating test	Time to through connect	test	Water pressure	Air pressure	Trip p		read	water ched outlet ¹	Ala opera prop	ated		
		Seconds	psi	psi	ps	ji ji	Minutes	Seconds	Yes	No		
NA	Without Q.O.D. With											
	Q.O.D. If no, explain	1						Ĺ		<u> </u>		

¹ Measured from time inspector's test connection is opened

Figure 10-1(a) (Continued)

	Operation	1		Pne	umatic	Ele	ectric	Г	Hydraulics					
<u>-</u>	Piping su	pervised		Yes	□ No			dia sup	- •		Ye	 IS	☐ No	
			from	the manual	trip, remote, or	both					☐ Ye	ıs	☐ No	
Deluge and preaction valves	Is there a	n accessil	ble fa	cility in each	circuit			Н	f no, explain					
				Yes 🗌	No						Mari		time to	
Als	Make	Model			circuit operate on loss alarm?		Do		h circuit oper e release?	ate			elease	
VIV.				Yes	No		Ye	98	No		Minute	s	Seconds	
			L						L		L			
Pressure	Location and floor	Make a mode		Setting	Static p	ressur			Residual	ressi ving)	ure		Flow rate	
reducing valve test					Inlet (psi)	Ou	tlet (psi)	Inlet (psi)	Out	tlet (psi)	Flo	w (gpm)	
N #\														
Test description	above sta open dur Pneumat in 24 hou													
	Dry piping pneumatically tested Yes No Equipment operates properly Yes No													
	Do you certify as the sprinkler contractor that additives and corrosive chemicals, sodium silicate or derivatives of sodium silicate, brine, or other corrosive chemicals were not used for testing systems or stopping leaks? Yes No												es	
Tests	Drain Reading of gauge located near water Residual pressure witest supply test connection:									de: <u> </u>	: <u> </u>			
	Underground mains and lead in connections to system risers flushed before connection made 23 to sprinkler piping													
	Verified	by copy o		U Form No.	85B	ū	₹ Yes	; <u> </u>	No Ot	her	E	xplai	n	
	sprinkler	•	i Oi u	nderground			Yes	; 🗆	No					
	, ,	ntative san		ers are used testing be sa	in concrete, has tisfactorily	; [X Yes	S	No	If no,	explain			
Blank testing gaskets	Number	#Sed		Locations							Number	ren	oved	
	Welding	piping		Yes Yes	☐ No									
						r	yes							
-				rinkler contr of at least AW	actor that weldir 'S B2.1?	ng proc	edures	comply			[X].	'es	☐ No	
Welding					performed by w f at least AWS E		qualified	d in		▼ Yes No				
	quality c	ontrol produces are	cedur th, th	re to ensure t nat slag and o	carried out in co that all discs are other welding re not penetrated?	retrie sidue a	ved, tha	ıt openir	ngs		☆ 1	'es	☐ No	
Cutouts (discs)		certify that its (discs)			ol feature to en	sure th	at				Z.	res	☐ No	

INSTALLATION OF SPRINKLER SYSTEMS

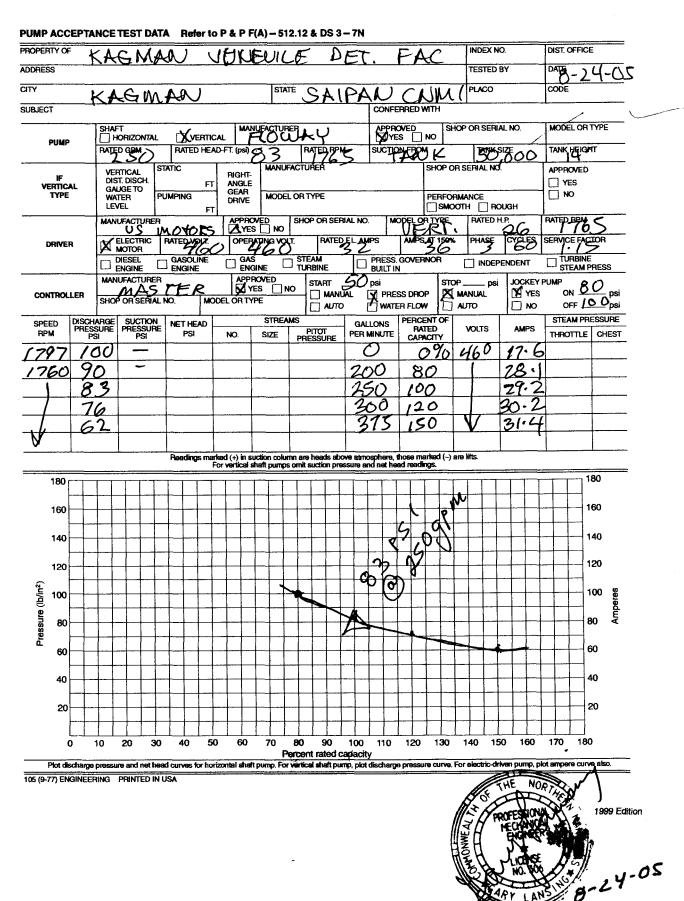
Figure 10-1(a) (Continued)

13–148

Hydraulic	Nameplate provided	If no, ex	plain	
data nameplate	Yes Yes	☐ No		
Remarks	Date left in service with all control valves	open	8-24-2	2005
	Name of sprinkler contractor RUSS POWEL	t FIRE	SPRINKLER	SERVICES
		Tests witnessed	by	
Signatures	For property owner (signed)	Title	Date	е
	For sprinkly contractor (signed)	sur PE	Date 85-	24-05
dditional explan	ations and notes	0		
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			THE MAT I	ANSI
			8-3	24-20

1999 Edition

Figure A-11-2.6.3(f) Pump acceptance test data. (Courtesy of Factory Mutual Research Corp.)



CUSTOMER:	D.Y.S	- MONTHI	DATE: LY INSPEC	9/22/09 CTION OF FI	 2 RE EXTIN	INSPEC IGUISHE		JACK	_	
SERIAL		Proper	Access/	Operating	Tamper		Damage/	Nozzle/		HMIS
NUMBER#	Location	location	Visibility	Instr.Label	Seal	Weight	Corrosion	Hose	Gauge	Label
1 SP-787225	HALL WAY.									
2 SP-784059	HALL WAY.									
3 SP-784088	HALL WAY.									
4 SN-821604	KITCHEN.									
5 SP-784079	LIBRARY.									
6 SP-784064	WEIGHTS ROOM.									
7 SP-784062	CLASS ROOM A.									
8 SP-784089	CLASS ROOM B.									
9 SP-784052	HOUSING A MALE.									
10 SP-784051	HOUSING A MALE.									
11 SP-784080	HOUSING A MALE.									
12 SP-784075	HOUSING A F.									
13 SP-784093	HOUSING A F.									
14 SP-784091	HOUSING A F.									
15 SN-821590	METTING ROOM.									
16 SN-821588	RECEPTION.									
17 SP-784061	VISITING ROOM.									
18 SN-821601	GENERATOR ROOM.									
19 SN-821602	BOILER ROOM									
20 SP-784065	GARD ROOM.									
21 SN-821605	GENERATOR ROOM.									
22 MV-080677	20LBS									
23 MV-080720	20LBS									
24 MV-080724	20LBS									
25 MV-080697	20LBS									
26 MV-080688	20LBS ·									
27 MV-080658	20LBS .	(,								
28 MV-080684	20LBS ·									
29	,									
30	•									
31										
32	<u> </u>									

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	Gauge			\	/	/	\setminus	\setminus	\setminus		\setminus	\	\setminus	\setminus	\setminus					\setminus	\setminus	\setminus												
JACK	Nozzle/ Hose			/					/	/	/	/		/							/		\											
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INSPECTOR: GUISHER.	Weight		\	\		\setminus	\backslash	\setminus		\setminus	\setminus	\backslash	\setminus	\setminus		\setminus	\setminus		\setminus	\setminus	\setminus		\setminus											
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DATE: 8 24 CS INSPECTION OF FIRE EXTINGUISHER	Operating	Т	\	\setminus	\		\setminus						\setminus	\			\setminus				\	\setminus	\											
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H	Proper	localion	\	\setminus																								/			·			
D.Y.S		Location	HALL WAY.	HALL WAY.	HALL WAY.	KITCHEN.	LIBRARY.	WEIGHTS ROOM.	CLASS ROOM A.	CLASS ROOM B.	HOUSING A MALE.	HOUSING A MALE.	HOUSING A MALE.	HOUSING A F.	HOUSING A F.	HOUSING A F.	METTING ROOM.	RECEPTION.	VISITING ROOM.	GENERATOR ROOM.	BOILER ROOM	GARD ROOM.	GENERATOR ROOM.	20LBS	20LBS	20LBS	20LBS	20LBS	20LBS	20LBS				
CUSTOMER:	SERIAL	NOMBEH#	SP-787225	2 SP-784059	3 SP-784088			6 SP-784064	7 SP-784062	8 SP-784089	9 SP-784052			SP-784075					7 SP-784061	18 SN-821601	19 SN-821602	20 SP-784065	SN-821605	MV-080677			Г	П	Г	MV-080684	6	6		
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CUSTOMER:	D.Y.S	MONTHL	DATE: Y INSPEC	7/20/05 TION OF FI	RE EXTIN	INSPECTIGUISHE		JACK	-	
SERIAL			Access/	Operating	Tamper		Damage/	Nozzle/		HMIS
NUMBER#	Location		Visibility	Instr.Label	Seal	Weight	Corrosion	Hose	Gauge	Label
1 SP-787225	HALL WAY.									
2 SP-784059	HALL WAY.									
3 SP-784088	HALL WAY.									
4 SN-821604	KITCHEN.									
5 SP-784079	LIBRARY.									
6 SP-784064	WEIGHTS ROOM.									
7 SP-784062	CLASS ROOM A.									
8 SP-784089	CLASS ROOM B.									
9 SP-784052	HOUSING A MALE.									
10 SP-784051	HOUSING A MALE.									
11 SP-784080	HOUSING A MALE.									
12 SP-784075	HOUSING A F.									
13 SP-784093	HOUSING A F.									
14 SP-784091	HOUSING A F.									
15 SN-821590	METTING ROOM.									
16 SN-821588	RECEPTION.									
17 SP-784061	VISITING ROOM.									
18 SN-821601	GENERATOR ROOM.									
19 SN-821602	BOILER ROOM									
20 SP-784065	GARD ROOM.									
21 SN-821605	GENERATOR ROOM.									
22 MV-080677	20LBS									<u> </u>
23 MV-080720	20LBS	/								
24 MV-080724	20LBS								ļ	
25 MV-080697	20LBS					<u> </u>	<u> </u>	ļ	 	
26 MV-080688	20LBS				·			ļ	-	
27 MV-080658	20LBS						<u> </u>		 	_
28 MV-080684	20LBS	/	ļ	<u> </u>		 		 	 	
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Case 1:99-cv-00017st System Filed 1/03/2006)Page 10 of 20 Saipan), Inc.

P.O. Box 504673 Saipan, MP 96950 Gualo Rai Village Tel: (670) 235-6500 Fax (670) 235-7400

Fire Extinguisher Service Order

				_ `								
Bill To	:										Se	rvice Order#
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4	SN-121578	BADGER	10	V		ļ	ļ					
5	SN-821578 SP-784052 SP-784059	BADGER	5	\								
6	SP - 184659		5	V		ļ	ļ					
7	SN - 821590	BADGER	10	V		<u> </u>	 					
8 9	SN - 821604	BAPGER	10	V		<u> </u>	 	ļ				
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certi	fy that the above work wa	s performed using h	nect affort	e and				l her	eby acknow	Medge the above	services w	ere performed to my
comm	ercially reasonable judgen	nent in compliance v	with NFPA	. 10 Sta	andar	d for			faction.			
portal	ole fire extinguishers.	1.						O:				
		-///						Signa	iture:	VY403	<u>r</u>	

Date: 7-19-04Note: This is a service order form. Do not pay from this service order. Billing will follow.

Technician Signature:

OS: 1:99-tw00017st System File Supan), Inc. 20

P.O. Box 504673 Saipan, MP 96950 Gualo Rai Village Tel: (670) 235-6500 Fax (670) 235-7400

Fire Extinguisher Service Order

BA TO	DY5										Service Order #
											Date Received: _ / /
											Date Received: 7/19/65 Sales Rep:
]							Jack
Conta	ct:	Tel:		Date	Billed			·		Invoice/Cash Sale	e #
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2	SP - 784089	PADGER	5	V							
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4 5 6	SP-784064	BADGER	5	V							
5	SP= 780079	BADGER	5	V							
6		PADGER	U	V							
7	511-821601	BADGER	10	V							
8	SN-821602	BAPGER	10	V							
9	317-821600	BADGER	10	V							
10	SN-821603	BADGER	10	V							
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comn	ify that the above work w nercially reasonable judge ble fire extinguishers.				andar	d for		satis	eby acknown faction.	Part	ervices were performed to my
Tech	nician Signature :	WVI						Print	Name: /	RICARDO	P. PASH

Date: $7 \cdot 19 \cdot 85$ Note: This is a service order form. Do not pay from this service order. Billing will follow.



27374

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Date	11.4	/30/2005	() Partial	() Complete	Terms	30 DAYS	derlige of the Confession of t
P.O. #	4	139616	() Special Orde	er	Sales Rep	кук	
QTY	В/О	DEL'D	Item #	Descri	ption	Price	Amount
		32	INSPECTION ONSITE	Monthly Inspection of Fit Extinguisher Onsite Service Fee FOR THE MONTH OF NOVEMBER.	re	3.00	96.00 10.00
		e and correct in t has not been		I hereby acknowledge	the above goods were re		lition.
		t nas not been has been rece		Signature File A	The Day	en er en	

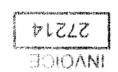
NOTE: All overdue invoices will be assessed interest at the rate of 2% per month beginning the 31st day from this invoice date

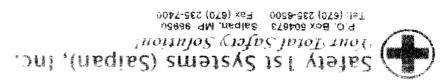
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NOTE: All overdue invoices will be assessed interest at the rate of 2% per month beginning the 31st day from this invoice date.

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Vendor Sign	nature	es an arter action amount of a collection and	Commence and the second	Date						

NOTE: All overdue involces will be assessed interest at the rate of 2% per month beginning the 31st day from this involce date.



1NVOICE 26559

Bill To:				-	Ship To:		
CNMI GOVERNMENT P.O. Box 5234 CHRB Saipan, MP 96930 Attn: Mary Masga Tel: 664-1270/1/2 Fax: 664-1215					D.Y.S		
Date		7/18/2005	() Partial	Complete	Terms	30 DAYS	
P.O. #		439616	() Special Orde	r	Sales Rep	KJK	
QTY	B/O	DEL'D	Item #	Descri	ption	Price	Amount
		32	INSPECTION ONSITE	Monthly Inspection of F Extinguisher Onsite Service Fee FOR THE MONTH OF		3.00	96.00 10.00
4	Payme	ue and correct Int has not been It has been rece	received.	I hereby acknowledge	the above goods wer	Total e received in good cor	\$106.00 ndition.

NOTE: All overdue invoices will be assessed interest at the rate of 2% per month beginning the 31st day from this invoice date.

67.19.05

Vendor Signature



1NVOICE **26585**

Bill To:			Vinde Belle (1880 - 1884 Belle Belle West M. Aller and remains a company of per Maridian (1880).		Ship To:	entegrangs van een villede spikalelike van de Miller (1900) van de Miller (1900) van de Miller (1900) van de m	
P.O. Be Szipan, Attn: M	GOVERNMI ox 5234 CHI MP 96956 Iary Masga 4-1270/1/2 1				D.Y.S		
Date	in vir nye vinitilitika vir nasodilir ulimasu izma	7/21/2005	() Partial	() Complete	Terms	30 DAYS	
P.O. #		439508	() Special Orde	er	Sales Rep	LAM	
QTY	B/O	DEL'D	ltem#	D	escription	Price	Amount
			B52-W	Duty Garrison 1 3/4 Basket Weaved	l'Trouser Belt	26.95	26.95
	1		1			Total	\$26.95
l Certify the	[V] Paymer	ue and correct it has not been has been rece	received.		riedge the above goods were r		ndition.

NOTE: All overdue invoices will be assessed interest at the rate of 2% per month beginning the 31st day from this invoice date.

Case 1:99-cv-00017 Document 24-12 Filed 01/03/2006 Page 18 of 20



INVC 2642

			···•	Ship To:		
CNMI GOVERNMENT P.O. Box 5234 CHRB Saipan, MP 96950 Attn: Mary Masga Tel: 664-1270/1/2 Fax: 664-1215				D.Y.S		
6/	27/2005	() Partial	(Complete	Terms	30 DAYS	
4	139508	() Special Order		Sales Rep	LAM	
B/O	DEL'D	Item#	Descri	ption	Price	Amount
	4 1	E95 BP2 BL109 MCHD81	D Cell Energizer (2pk) Fire Extinguisher Sign D. Diesel Fuel		3.95 5.20 9.60	15.80 20.80 9.60
		<u> </u>			Total	\$46.20
	234 CHRI 96950 Masga 70/1/2 Fa	234 CHRB 96950 Masga 70/1/2 Fex: 664-1215 6/27/2005 439508 B/O DEL'D 4 4	234 CHRB 96950 Masga 70/1/2 Fax: 664-1215 6/27/2005 () Partial 439508 () Special Order B/O DEL'D Item # 4 E95 BP2 4 BL109	234 CHRB 96950 Masga 70/1/2 Fax: 664-1215 6/27/2005 () Partial () Complete 439508 () Special Order B/O DEL'D Item # Descri 4 E95 BP2 D Cell Energizer (2pk) 4 BL109 Fire Extinguisher Sign	D.Y.S D.Y.	D.Y.S D.Y.

NOTE: All overdue invoices will be assessed interest at the rate of 2% per month beginning the 31st day from this invoice date.



25864

Bill To:				- 1		Ship To:		
P.O. Bo Snipan, l Attn: M	GOVERNMI x 5234 CHR MP 96950 lary Masga -1270/1/2 F					D.Y.S		
Date	3/24/2005 () Partial		() Complete		Terms	30 DAYS		
P.O.#	4	33522	() Special Order		*	Sales Rep	кук	
QTY	B/O	DEL'D	ltem#		Descript	tion	Price	Amount
		32	INSPECTION	Monthly Inspection	on of Fire		3.00	96.0
			ONSITE	Extinguisher Onsite Service Fe	ee		10.00	10.0
				FOR THE MON FEBRUARY.	TH OF			
		1					Total	\$106.0
I Certify tha	it this is a tru [X] Paymen [] Deposit	e and correct t has not been has been rece	received.	I hereby ackno	#1-	ne above goods were	i#2	ndition.

NOTE: All overdue invoices will be assessed interest at the rate of 2% per month beginning the 31st day from this invoice date.

Date _

convealth of the port of Alariana Islands 3/2006 Page 20 of The Lar on All invoices and delivery supp

Office of the Governor

Saipan, MP 96950

Telephone: (670) 664-1500 Fax: (670) 664-1515

DATE:

06/07/05

VENDOR: SAFETY 1ST SYSTEMS - SAIPAN INC.

P.O. BOX 504673

SAIPAN, MP 96950-4673

JE POINT HIPPED VIA MIVERY TIME: No. 439616-000 OP

INSTRUCTIONS

- P.O. number must appear on all invoices,, packages, packing lists, and other related documents.
- 2. Payments requests, prior to receipt of shipment, must include proof of shipment with invoice.
- 3. The CNMI Government reserves the right to reject any or all items received that are not in compliance with ordered specifications.
- 4. AIRMAIL original invoices attached to the original corresponding CNMI Government Purchase Orders to the Division of Finance & Accounting. Att: Accounts Payable, P.O. Box 5234 CHRB Saipan, MP 96950. All correspondence with regards to payments must be directed to the above.
- 5. All correspondence regarding shipment of this order is to be directed to the Director, Procurement & Supply, CNMI.
- 6. Any refund check should be made payable to CNMI
 Treasury Mail all refund to the above address

			Treasury. Mail all refund to the above address.			
QUANTITY	UNITS OF ISSUE	DESCRIPTION	UNIT PRICE	TOTAL PRICE		
	LO	RENEWAL OF MONTHLY INSPECTION FEES FOR FIRE EXTINGUISHERS AT THE JUVENILE DETENTION UNIT FOR ONE (1) YEAR.	.00	1,272.9		
		MOTE TO VENDOR: Please provide a copy of invoice showing residence of secret describendies to: Director, PROXIMENENT & SUPPLY P.O. Box 10008 OX Lower Base, Saipan, MP 96950				

VENDOR

ELVER TOMARPANDS - SAIPAN DCCA/DYS-05-894/1220.6266

P.S. BOX 10008, CK

SAIPAN, MP

96950

7. N. V.A.

Requested By : Youth Services Saipan

RELEASE DATE: 06/07/05

<u>HERMAN SABLA</u>

1,272.0